



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:26

Reporting for the week ending 06/29/19 (MMWR Week #26)

July 5th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

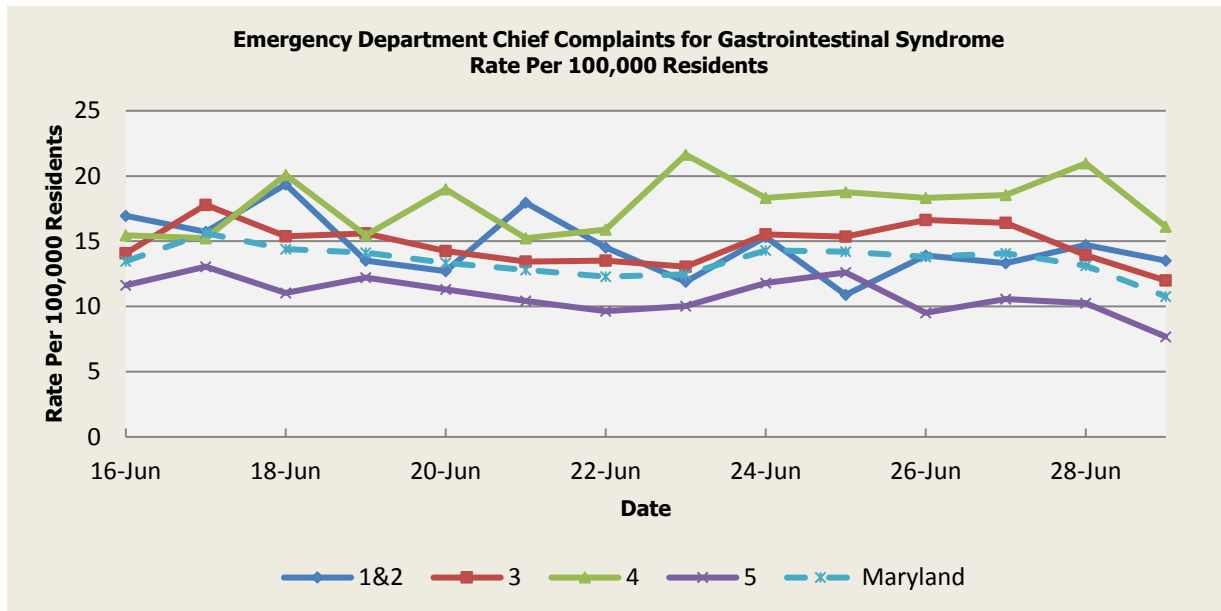
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



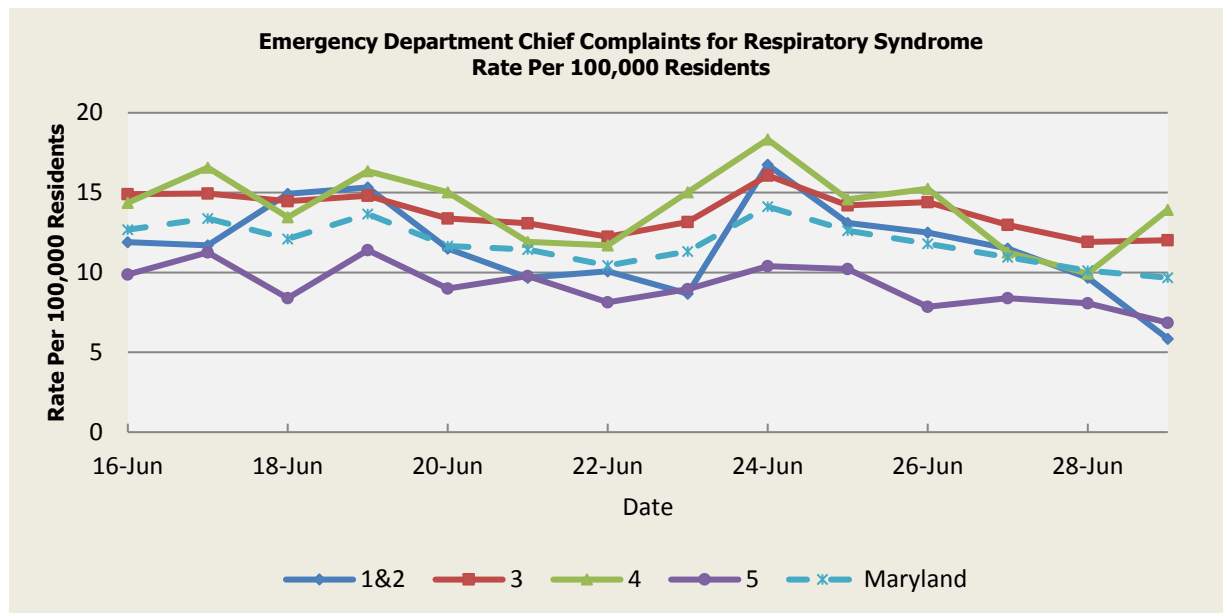
There were no Gastrointestinal Syndrome outbreaks reported this week.

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.25	15.11	15.90	10.24	13.15
Median Rate*	13.11	14.87	15.46	10.13	13.00

** Per 100,000 Residents*

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Respiratory Syndrome



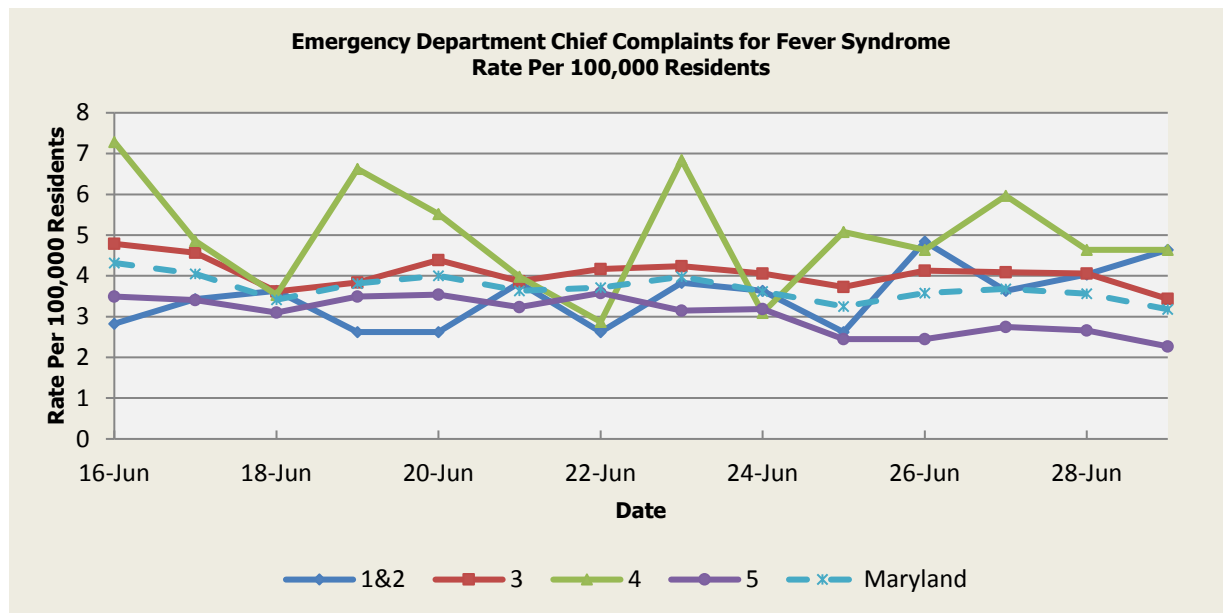
There were no Respiratory Syndrome outbreak reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.66	14.75	15.08	9.98	12.77
Median Rate*	12.10	14.21	14.35	9.65	12.28

* Per 100,000 Residents

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Fever Syndrome



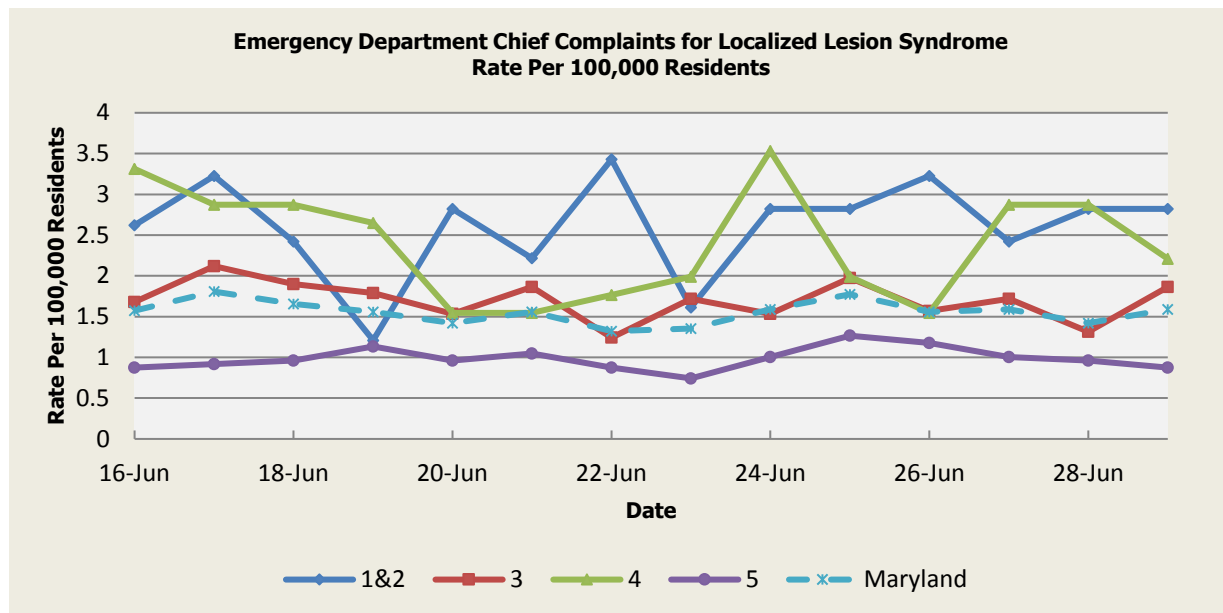
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.11	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

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Localized Lesion Syndrome



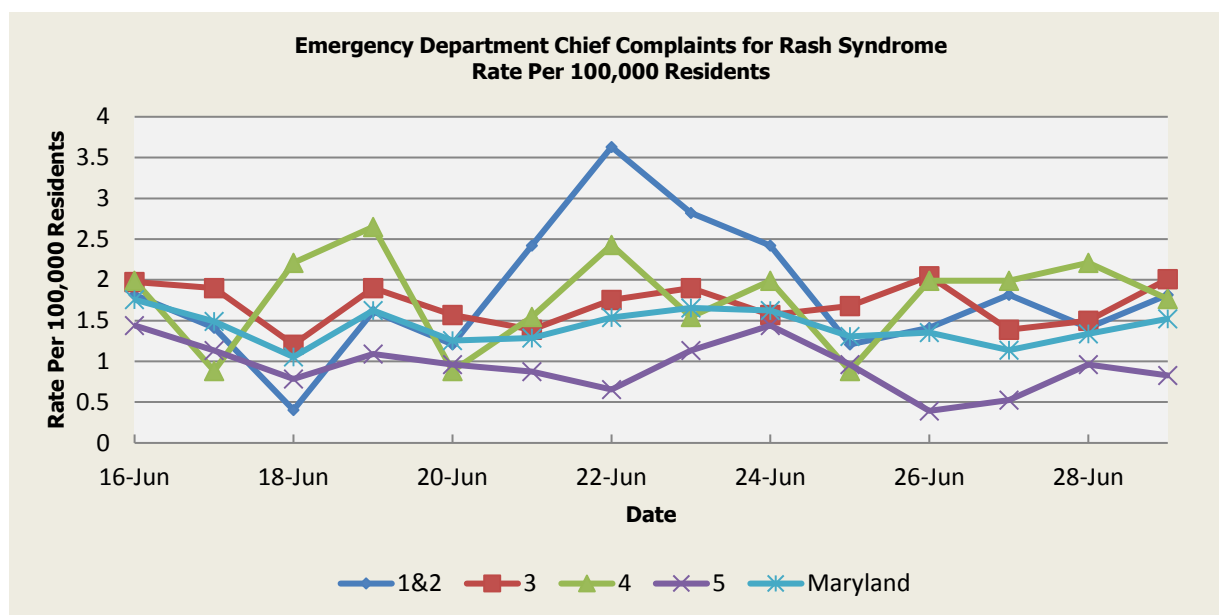
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.13	1.79	2.04	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

* Per 100,000 Residents

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Rash Syndrome



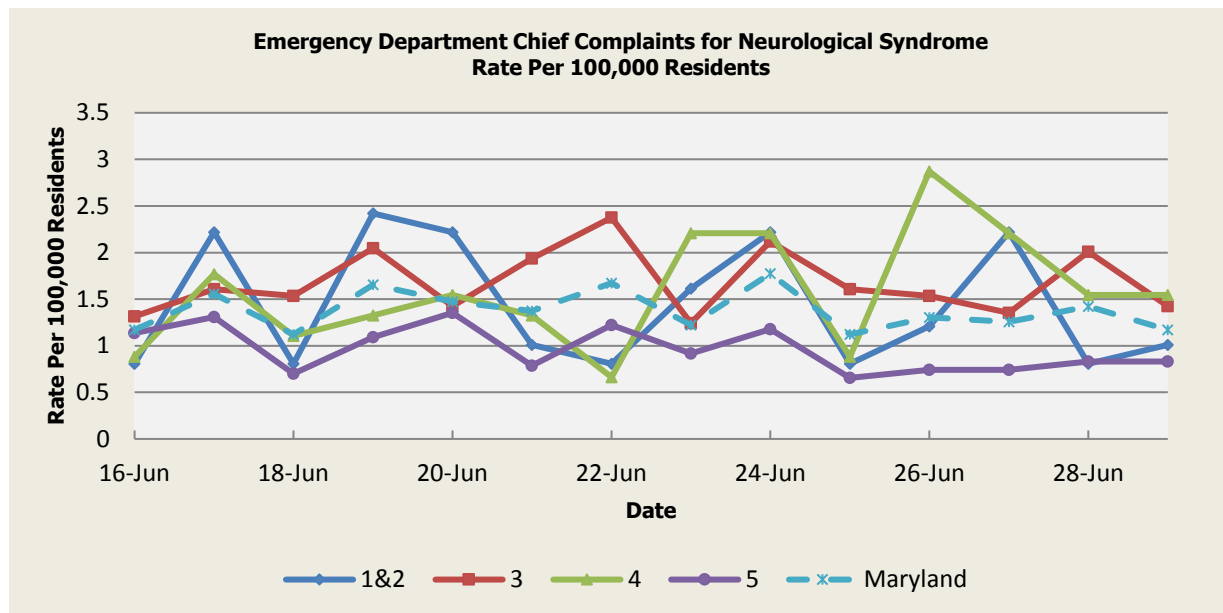
There was one (1) Rash Syndrome outbreak reported this week: one (1) outbreak of Hand, Foot, and Mouth Disease associated with a Daycare Center (Region 3).

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.23	1.68	1.76	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

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Neurological Syndrome



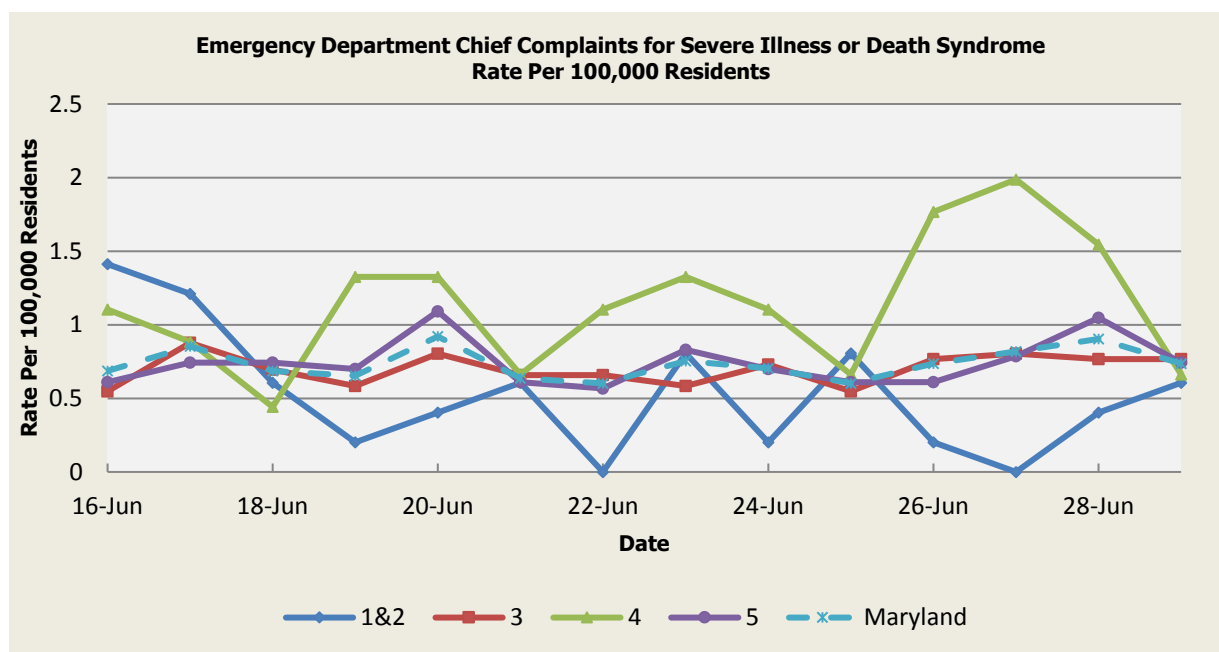
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.77	0.94	0.85	0.60	0.79
Median Rate*	0.60	0.84	0.66	0.52	0.69

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

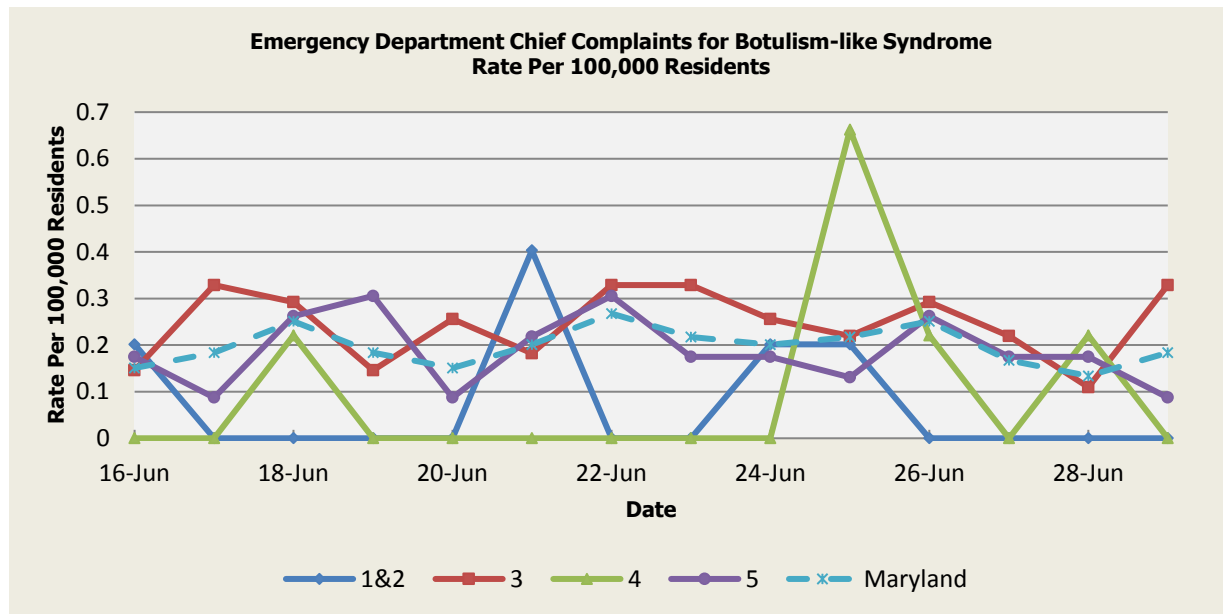
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.51	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.69

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



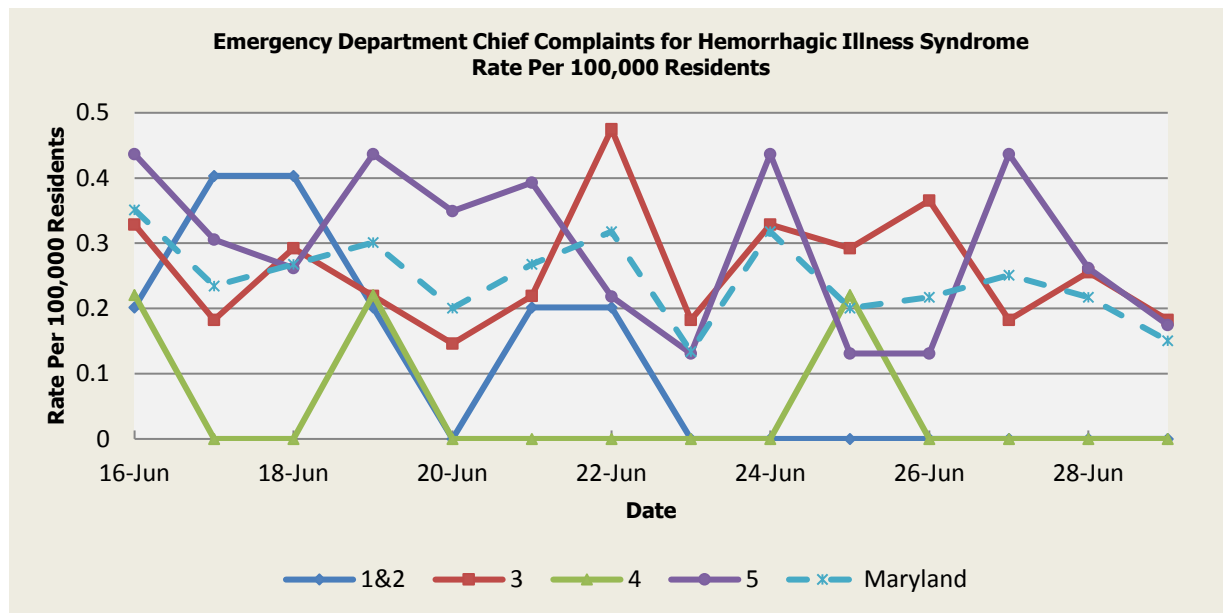
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome, 6/16 (Regions 1&2,5), 6/17 (Region 3), 6/18 (Regions 3,4,5), 6/19 (Region 5), 6/20 (Region 3), 6/21 (Regions 1&2,5), 6/22 (Regions 3,5), 6/23 (Regions 3,5), 6/24 (Regions 1&2,3,5), 6/25 (Regions 1&2,4), 6/26 (Regions 3,4,5), 6/27 (Region 5), 6/28 (Regions 4,5), 6/29 (Region 3). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.08	0.09
Median Rate*	0.00	0.07	0.00	0.04	0.07

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



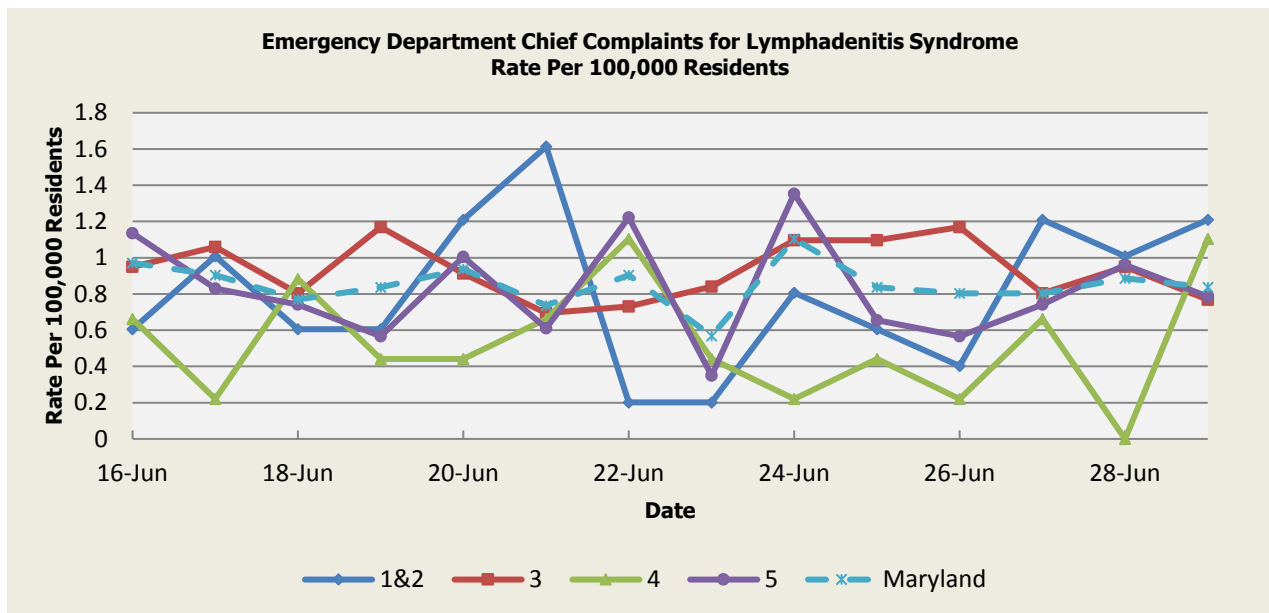
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on 6/16 (Regions 1&2,3,4,5), 6/17 (Regions 1&2,5), 6/18 (Regions 1&2,5), 6/19 (Regions 1&2,4,5), 6/20 (Region 5), 6/21 (Regions 1&2,5), 6/22 (Regions 1&2,3), 6/24 (Regions 3,5), 6/25 (Region 4), 6/26 (Region 3), 6/27 (Region 5), 6/28 (Region 5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 6/16 (Region 5), 6/17 (Regions 1&2,5), 6/18 (Region 4), 6/19 (Region 3), 6/20 (Regions 1&2,5), 6/21 (Regions 1&2), 6/22 (Regions 4,5), 6/24 (Regions 1&2,5), 6/25 (Regions 1&2,4), 6/26 (Region 3), 6/27 (Regions 1&2), 6/28 (Regions 1&2,5), 6/29 (Regions 1&2,4,5). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.37	0.58	0.40	0.38	0.47
Median Rate*	0.40	0.47	0.44	0.31	0.42

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

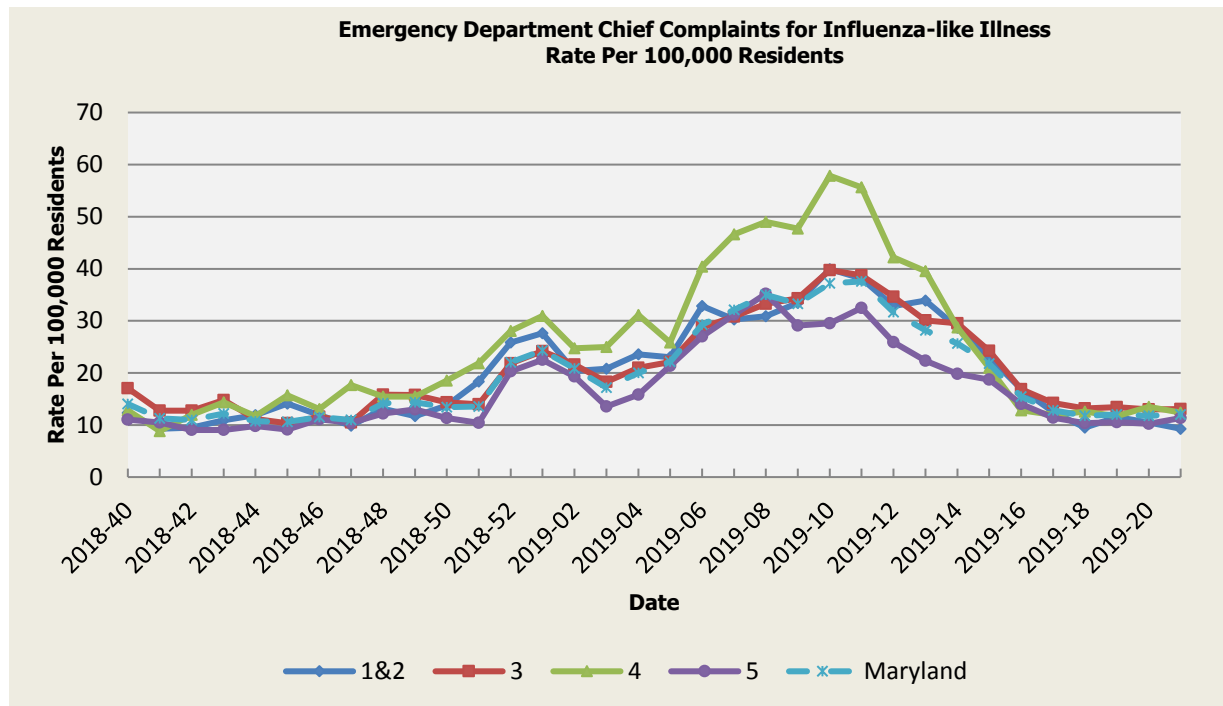
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

Influenza-like Illness

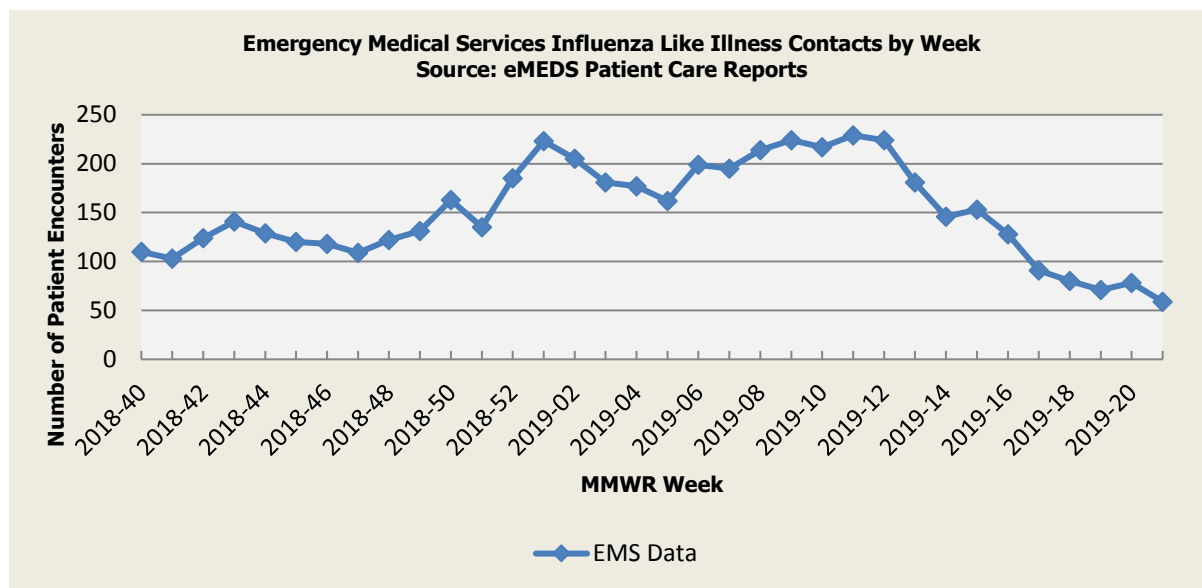


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.26	13.39	12.94	11.33	12.30
Median Rate*	7.66	10.38	9.27	8.80	9.49

* Per 100,000 Residents

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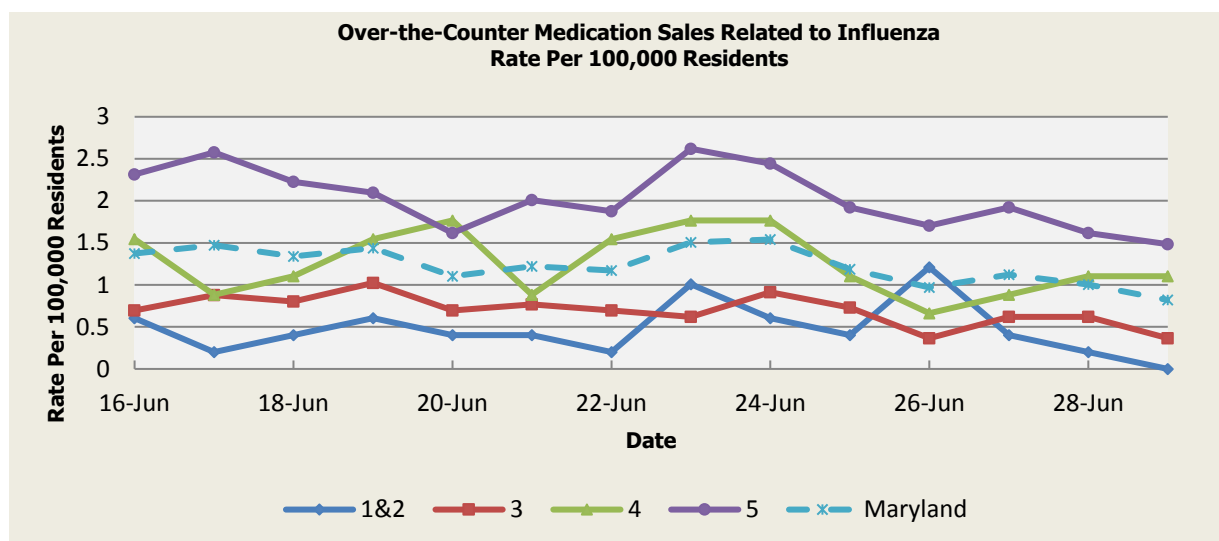
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



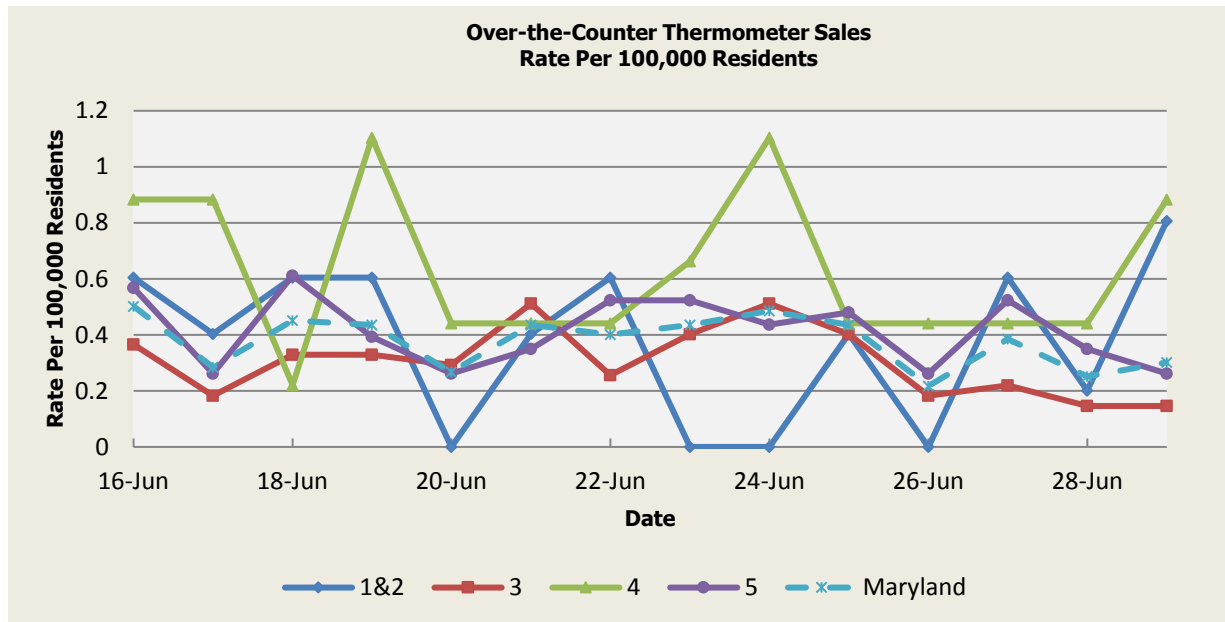
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.53	4.56	2.70	7.94	5.62
Median Rate*	2.82	3.73	2.43	7.25	4.92

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.01	2.87	2.28	3.81	3.20
Median Rate*	2.62	2.74	2.21	3.71	3.10

* Per 100,000 Residents

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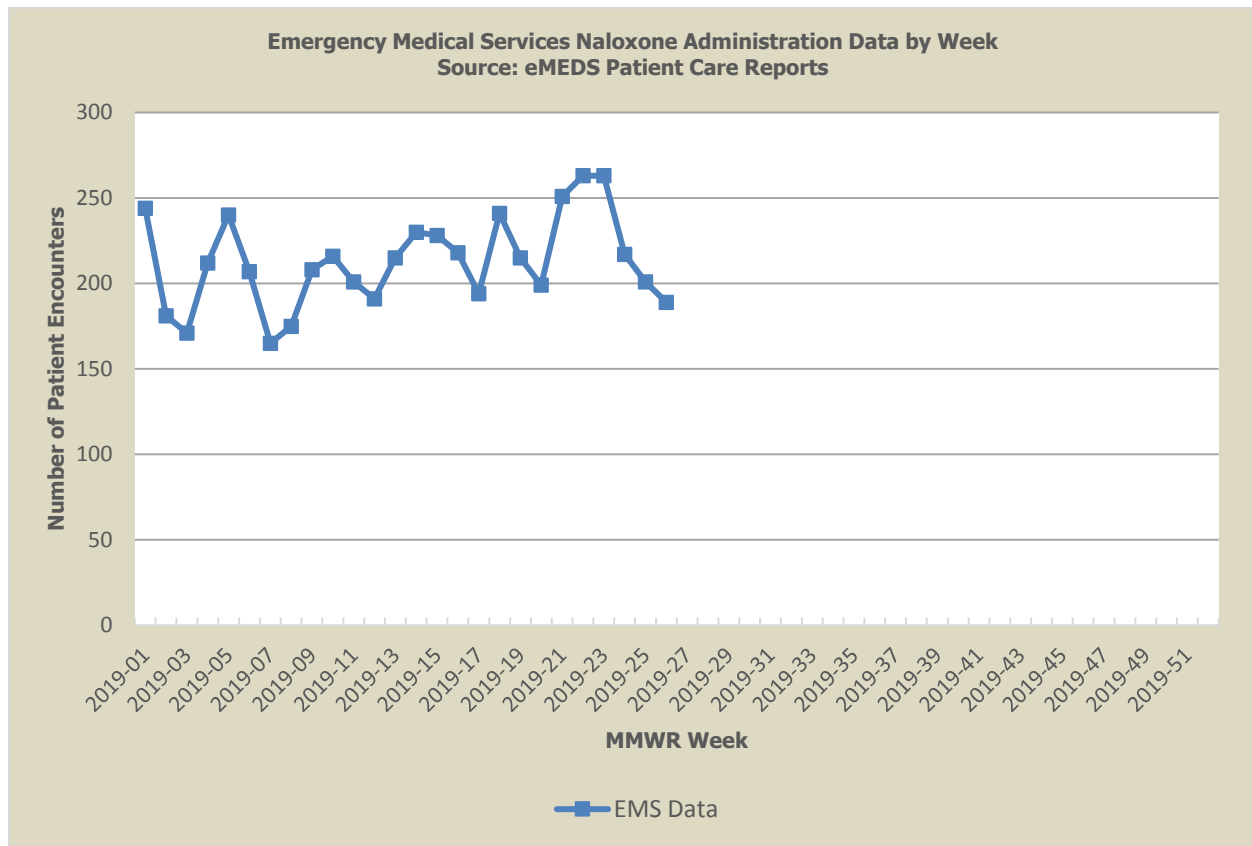
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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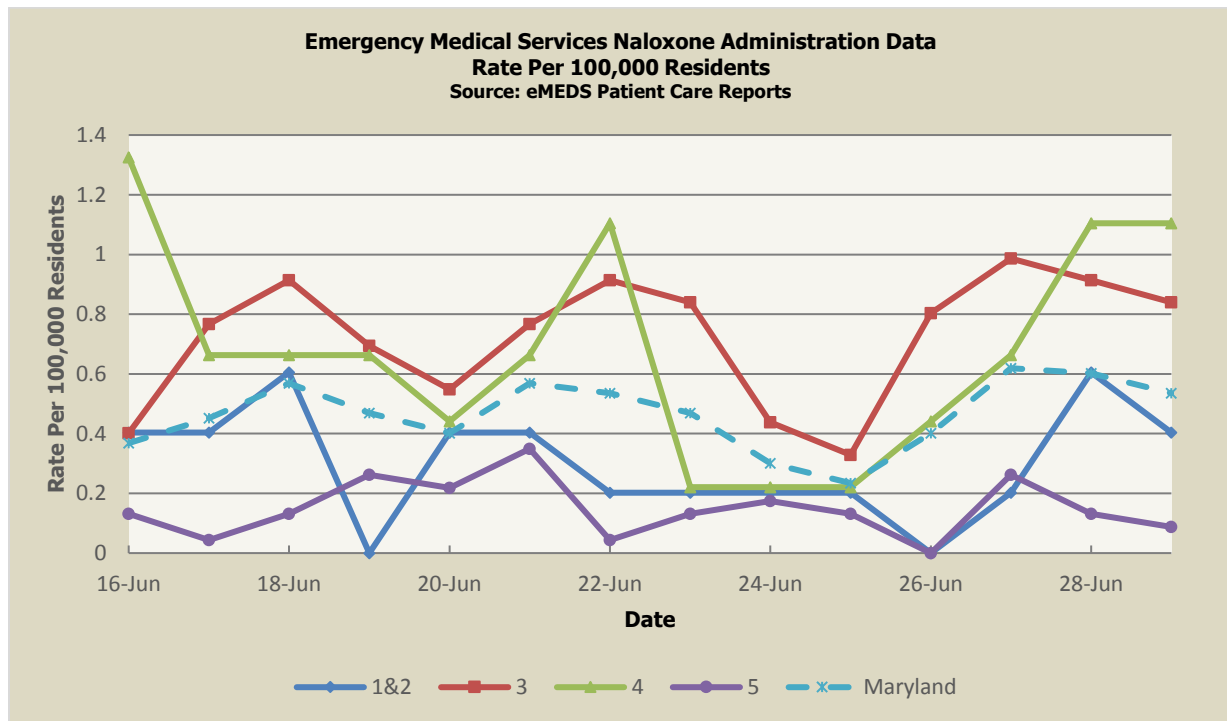
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of July 4, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant avian influenza reports this week.

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week.

NATIONAL DISEASE REPORTS

HANTAVIRUS (NEW MEXICO), 26 Jun 2019, A 42-year-old McKinley County woman died from hantavirus pulmonary syndrome (HPS), officials with the New Mexico Department of Health reported this week. The fatality is the 2nd case of HPS confirmed in New Mexico in 2019, and the 1st death. The state Department of Health said it completed an environmental investigation at the woman's home to help reduce risk to others. New Mexico reported a total of 114 HPS cases with 49 deaths between 1975 and 2018, according to statistics from the state health department. Read More: <https://www.promedmail.org/post/6539746>

LEGIONELLOSIS (ILLINOIS) 28 Jun 2019, A mysterious outbreak of Legionnaires' disease has been linked to a suburban Illinois hospital. All 4 cases have been traced back to Advocate Christ Medical Center in Oak Lawn, the Illinois Department of Public Health (IDPH) said on Thursday [27 Jun 2019]. Health officials say that 3 of those infected are former patients and one is a hospital worker. According to the IDPH, the cases were 1st reported in 2018; 2 of the cases were reported from patients at the hospital within the past 2 months. Health officials will be visiting this hospital this week to collect water samples to test for bacteria. Around 10 000 and 18 000 Americans are infected each year, with 300 of those being in Illinois. According to the Centers for Disease Control and Prevention, one in 10 people with the disease die. Read More: <https://www.promedmail.org/post/6543268>

INTERNATIONAL DISEASE REPORTS

STREPTOCOCCUS, GROUP A, INVASIVE - UK: (ENGLAND) 28 Jun 2019, An investigation has been launched after 12 people died following an outbreak of a bacterial infection in Braintree [Essex]. The Mid Essex CCG [Clinical Commissioning Groups, which are responsible for delivery of NHS services in England has revealed there have been 32 cases of the group A streptococcal (*Streptococcus pyogenes*) infection recorded since February this year [2019]. Most cases are said to have occurred in the Braintree area but some people in Maldon and Chelmsford have also been affected. Most of the patients affected are elderly and had been receiving care for chronic wounds in the community either in their own homes and or in care homes. Read More: <https://www.promedmail.org/post/6542184>

UNDIAGNOSED DEATHS (DOMINICAN REPUBLIC) 29 Jun 2019, A Denver man is the latest American tourist to die in the Dominican Republic this year [2019]. [KA] died on Tuesday [25 Jun 2019], the State Department confirmed to USA TODAY. Denver's 9 News and Fox 31 report [KA] was on vacation with his daughter [MA] when he fell ill in the Caribbean vacation destination. [MA] told 9 News her father started to complain about a painful bump on his leg just before her flight home on Sunday [23 Jun 2019]. She said they stopped by their hotel's medical clinic but, decided against treatment unless the pain became worse. [MA] had already returned to Denver when her father's pain worsened the following day [24 Jun 2019]. He booked an earlier return flight but was forced to disembark due to his symptoms. His sister-in-law [MS] told Fox 31 he was dripping with sweat and vomited in the plane's lavatory. "They transferred him to Santo Domingo and (said) his breathing is really bad, and his kidneys were failing," she said. [MS] noted while her brother-in-law had undergone a kidney transplant several years earlier, he was in perfect health when he left Colorado. Read More: <https://www.promedmail.org/post/6544665>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

